



2021 IHCP Roadshow

Providing health coverage to Indiana families since 1994

Agenda

- MDwise
 - Introduction
- What's New at MDwise
 - COVID Vaccine Outreach
 - Meal Delivery Service
 - Partnership with Aunt Bertha
 - Medicare Expansion
 - Care Management: Provider Healthcare Connections
 - SNAP Initiative
 - Prior Authorization Portal
 - In-house Claims Success
 - Cross-Functional Alignment
- Quality P4V Updates
- Community Outreach Updates
- Local MDwise Resources





Introduction

Introduction

- **For over 25 years**, MDwise has been a trusted partner with the State in administering the Indiana Medicaid programs
- MDwise is **local** and Indiana's only **non-profit, provider-sponsored** health plan
- Owned by McLaren Health Care Corporation, a **provider-owned, not-for-profit integrated health system** with multi-state experience committed to better serving Hoosier families

2021 Focus Areas

Be a good Partner

- Streamline business processes, reduce administrative burden and improve overall satisfaction of providers. The goal is to be “easy to do business with”.

Impact Members’ Health and Wellbeing

- Improve the health of our members mind and body as well as have a positive impact on the external conditions that affect health and quality outcomes, or better known as the social determinants of health.

Improve All Members’ outcomes and wellbeing

- Ensure the programs and benefits offered improve the quality and outcomes for all of our members. In 2021, additional attention will be on well-child measures and key screenings lagging behind as a result of the pandemic.

Pay for Value

- Move towards contracts that pay for value and support providers in the transformation journey.

Improve Community Health

- Analyze data to identify disparities such as age, race, ethnicity, gender, language and disability status and adjust programs and activities to reduce health disparities.



What's NEW at MDwise

COVID Vaccine Outreach

COVID Vaccine Outreach

Proactive Communication to Members

- Making phone calls to eligible members to schedule vaccination appointments.
- Sending thank you cards to members who get vaccinated.
- Sending targeted email/text communication to eligible members.
- Posting social media and directing to ourshot.in.gov.
- Customer service IVR prompt for COVID vaccine scheduling and questions.
- Updating COVID FAQs on website.

COVID Vaccine Outreach

Thank you!



Thank you

for getting your **COVID-19 vaccine!**
Your health and wellbeing are important
to MDwise.



COVID Vaccine Outreach

Proactive Community Outreach

- Partnering with providers to hold vaccine clinics.
- Distributing COVID vaccine education materials to members and potential members, community partners.
- Planning virtual town hall discussions, open to the community, educating on the COVID vaccine.
- Providing COVID stickers to vaccine sites statewide.
- Virtual Health Benefits Connections & WELLNESSchats to answer questions about the COVID vaccine.



Meal Delivery Service

Meal Delivery Service

- MDwise added Meal Delivery Service, called GA Foods for qualified members who have recently:
 - Tested positive for COVID or
 - Had an inpatient stay with diabetes, congestive heart failure, and/or coronary artery disease.
- Once enrolled, members receive a 14-day supply of medically-tailored meals to fit members' dietary needs.
- Members must check in regularly with a MDwise care manager.

Partnership with Aunt Bertha: Social Determinants of Health

Aunt Bertha: Addressing Social Determinants of Health

What is it?

Aunt Bertha is a platform to help connect our members to needed resources in the community, allowing us to help improve the overall well-being of our members.

How it works

- We'll screen for needs such as food, housing, utilities, etc.
- When a need is identified, we'll send a referral to an in-network, community-based organization for services, and “close the loop” to ensure the member received the needed assistance.

Aunt Bertha: Addressing Social Determinants of Health

- MDwise can also refer members in need to various social services and programs on the platform for self service.
- To better serve our members, data and information from Aunt Bertha will be integrated into MDwise systems so the call center representative, community outreach team and care/case managers all see the same information.
- MDwise will be able to analyze the data to better understand the local community needs to tailor our programs and offerings.

Care Management: Provider Healthcare Connections

Provider Healthcare Connection

- A joint program with our MDwise Provider Relations and Care Management teams to assist the Primary Medical Provider, (PMP) by being the provider's advocate.
- We provide the PMP with resources to support the management of their caseload and at the same time resolve and support the individual member's needs.
- The following are examples of items that may be covered during your Initial Orientation meeting with your assigned Provider Relations Representative:
 - Provider and member handbooks
 - Referral forms
 - Prescription drug formulary
 - Information on preventative and clinical practice guidelines
 - Case management referral process
- The case manager assigned to the office will follow up within 30 days after the initial orientation. This meeting will help establish a relationship with the office staff.
- Provider relations and case managers will continue to ensure the providers and their patients have the tools and resources they need to be successful.

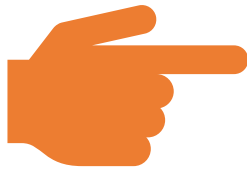
SNAP Initiative

SNAP Initiative

- Promoting SNAP to Medicaid members is more important than ever during COVID.
 - Development of Flyer for provider use with patients
 - FAQ document
 - Website resources with member and provider information
 - Social media posts promoting program
 - Local farmers markets offering additional benefits
 - Informational blast to member: Q2 and Q4 in 2021.
 - Member and provider newsletter information
 - Customer service hold message about SNAP
- All communications direct to state website information and application.

Prior Authorization Portal

Prior Authorization Portal



NEW! Authorization Portal

To sign up, go to:

<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

Click “Register Here.”

It will be active in 3-5 business days.

Through the portal, you will be able to submit new authorization requests and track authorizations you’ve submitted.



Authorization requests can also still be accepted in these formats:

Phone 888-961-3100

Email padept@mdwise.org

Fax

- HHW 888-465-5581
- HIP 866-613-1642

Provider Authorization Portal Setup

MDwise PROVIDER PORTAL INSTRUCTION DOCUMENTATION

MDwise Provider Authorization Portal Account Setup

MDwise currently offers different ways to submit a prior authorization including fax, email, and telephonically. We are now offering online submission through our Authorization Portal. This guide will allow you to set up your account to submit your prior authorization as well as track those authorizations you submitted on the portal as well.

You can create your account by selecting the [Register Here](#)

Jiva™



If you are a new user please [Register Here](#)

[Contact Us](#)

[Forgot Password?](#)

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Prior Authorization Portal

Once you enter the NPI or TIN, the next screen below will show. Please fill out all Red required fields as well as email address.



New User Registration

Provider Name :	Provider Type : Provider
Identification Type : NPIN	Identification ID :
* First Name :	* Last Name :
Address1 :	Address2 :
Email :	* Phone No :
City :	Country : --Select One--
State : --Select One--	Zip :
* User ID :	Fax :
* Password :	* Confirm Password : ***** ?
* Security Question : --Select One--	* Answer :
* TimeZone : --Select One--	

Confirm Clear

Back To Login

For troubleshooting issues with creating an accounting or setting up a prior authorization, please email: authportalhelp@mdwise.org. We will respond within 1-3 business days.

Prior Authorization Updates

- MDwise Customer Service Team is assisting our Prior Authorization Department on the phones.
 - Ensure providers are receiving timely responses.
 - Team will be able to assist providers with non-clinical questions.
 - Providers will be transferred directly to an RN for clinical inquiries.
 - When calling please have the following information on hand (if applicable):
 - Proof of fax submission
 - Member RID
 - Dates of service requested
 - Date and time of your previous call(s)

Prior Authorization Updates

- As of Sept. 30, 2020, MDwise will no longer require Inpatient prior authorization on 84 imaging CPT codes (9/30/20)

<https://www.mdwise.org/for-providers>

Note: Imaging services provided in an out-of-network setting will require prior authorization.

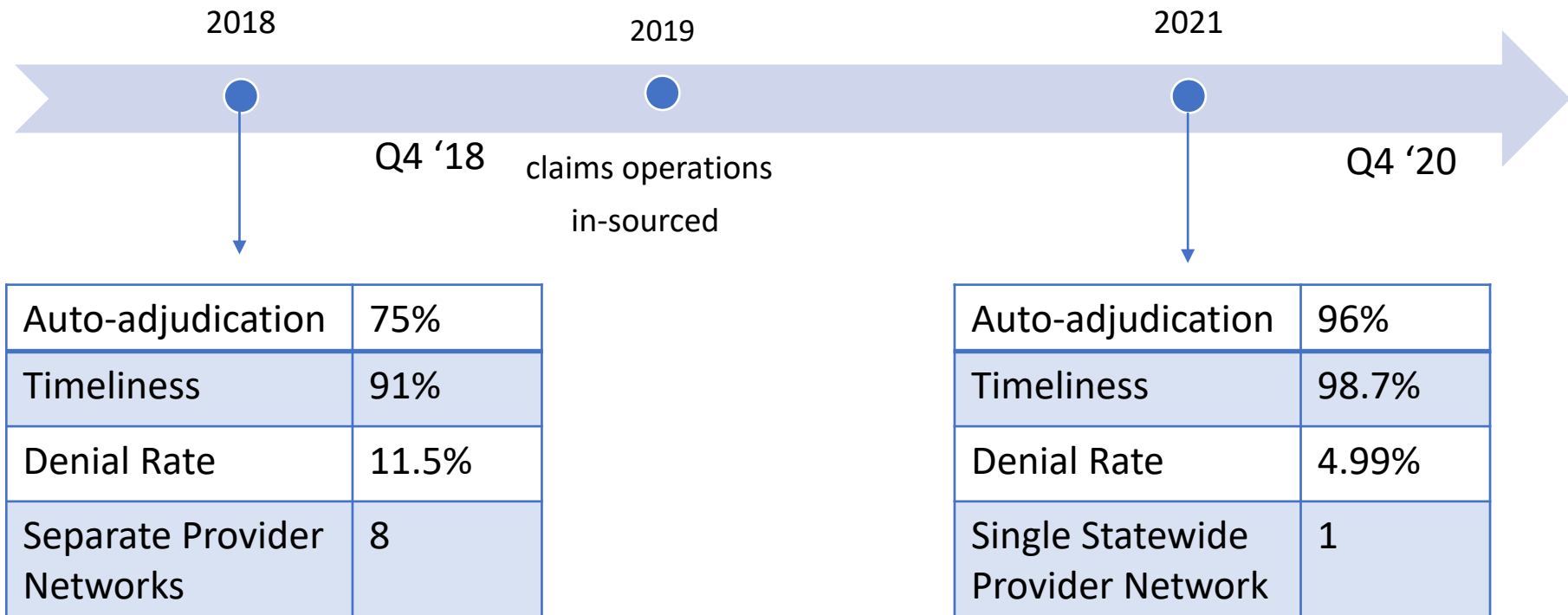
For questions regarding this announcement or contracting, please call Provider Relations at **317-822-7300 ext. 5800**.

- MDwise continues to look for better ways to partner with providers. Professional services authorization requirements have also been relaxed when services are provided in a facility location where the facility is responsible for requesting authorizations

In-house Claims Success

Process Improvements

Insourcing claims operations has improved rates



Electronic Claims Submission

MDwise is Going Green!

- As of July 1st, MDwise strongly encourages Providers to submit Claims electronically. Electronic Claim submission provides significant benefits to the Provider including:
 - Help reduce operation costs associated with paper Claims (printing, postage, etc.).
 - Increases accuracy of data and efficient information delivery.
 - Reduces Claim delays since errors can be corrected and resubmitted electronically.
 - Track and monitor claim progress.
 - Expedite a processing turnaround and potential payment time frames
 - Fastest way for Clean Claims to be considered for reimbursement.

Cross-Functional Alignment

Cross-Functional Alignment

- Planned for Q3 2021, MDwise is re-aligning regions and beginning regional meetings to discuss member and provider needs with internal departments:
 - Provider Relations
 - Community Outreach
 - Care Management
- Collectively bridging the gap for better outcomes





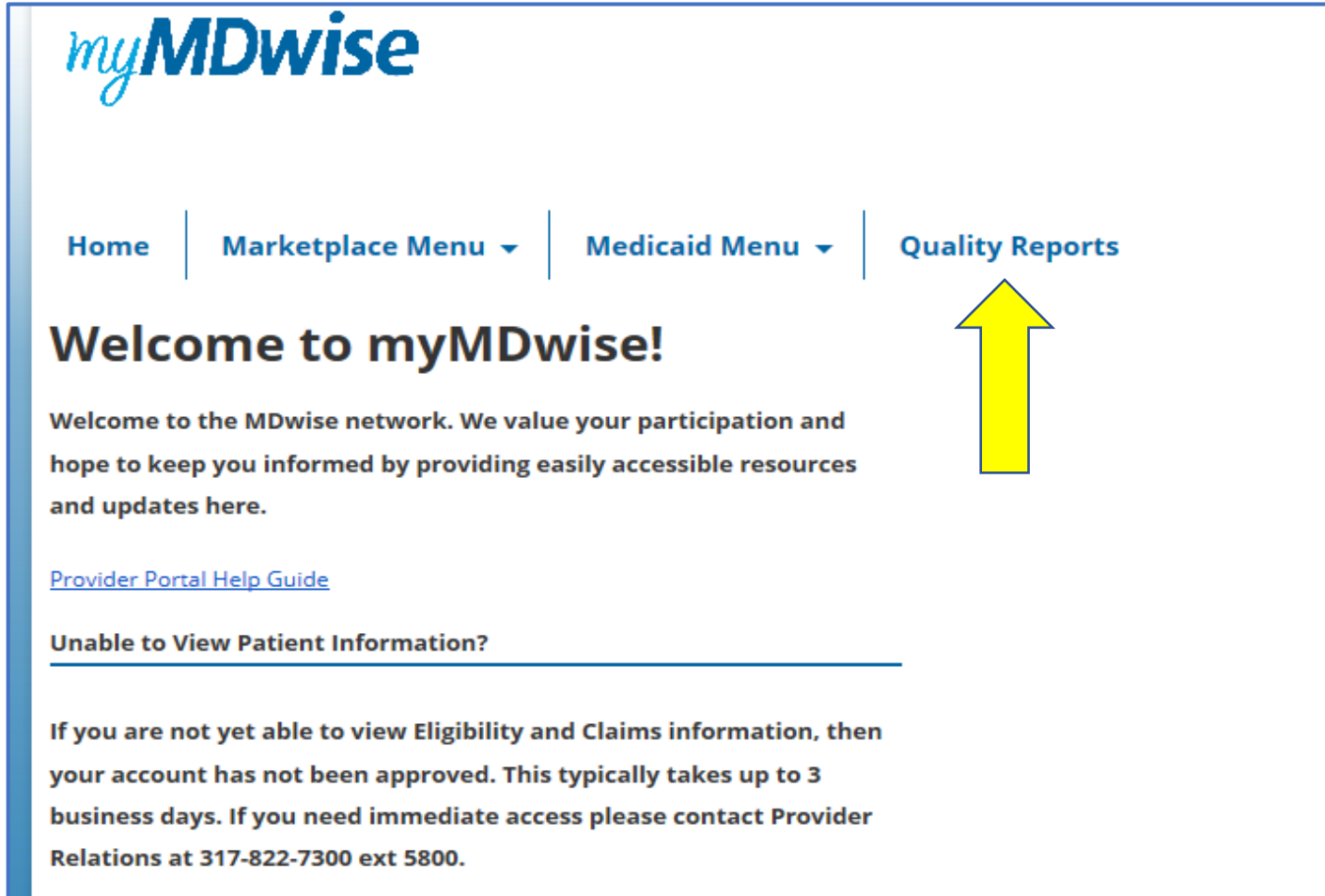
Quality P4V Updates

Physician Pay for Value (P4V)

- We are committed to providing high-quality, cost-effective health care to our members.
- We maintain a strong partnership with our Primary Medical Providers (PMPs), resulting in improved quality and access to health care services.
- The goal of the program is to improve access and health outcomes for all members.
- PMPs will be incentivized for reaching specific quality and access metrics.

Quality Physician P4V & HEDIS

Requesting Quality Reports on the myMDwise Portal (PMPs Only)



The screenshot shows the myMDwise portal interface. At the top left is the myMDwise logo. Below it is a navigation bar with four links: Home, Marketplace Menu (with a dropdown arrow), Medicaid Menu (with a dropdown arrow), and Quality Reports. A large yellow arrow points upwards from the bottom of the page towards the Quality Reports link. Below the navigation bar, the main content area starts with a large heading 'Welcome to myMDwise!'. This is followed by a paragraph: 'Welcome to the MDwise network. We value your participation and hope to keep you informed by providing easily accessible resources and updates here.' Below this is a link for 'Provider Portal Help Guide'. Further down is a section titled 'Unable to View Patient Information?' which contains a paragraph explaining that if a user cannot view eligibility and claims information, their account may not be approved yet, typically taking up to 3 business days, and they should contact Provider Relations at 317-822-7300 ext 5800.

myMDwise

Home | Marketplace Menu ▾ | Medicaid Menu ▾ | **Quality Reports**

Welcome to myMDwise!

Welcome to the MDwise network. We value your participation and hope to keep you informed by providing easily accessible resources and updates here.

[Provider Portal Help Guide](#)

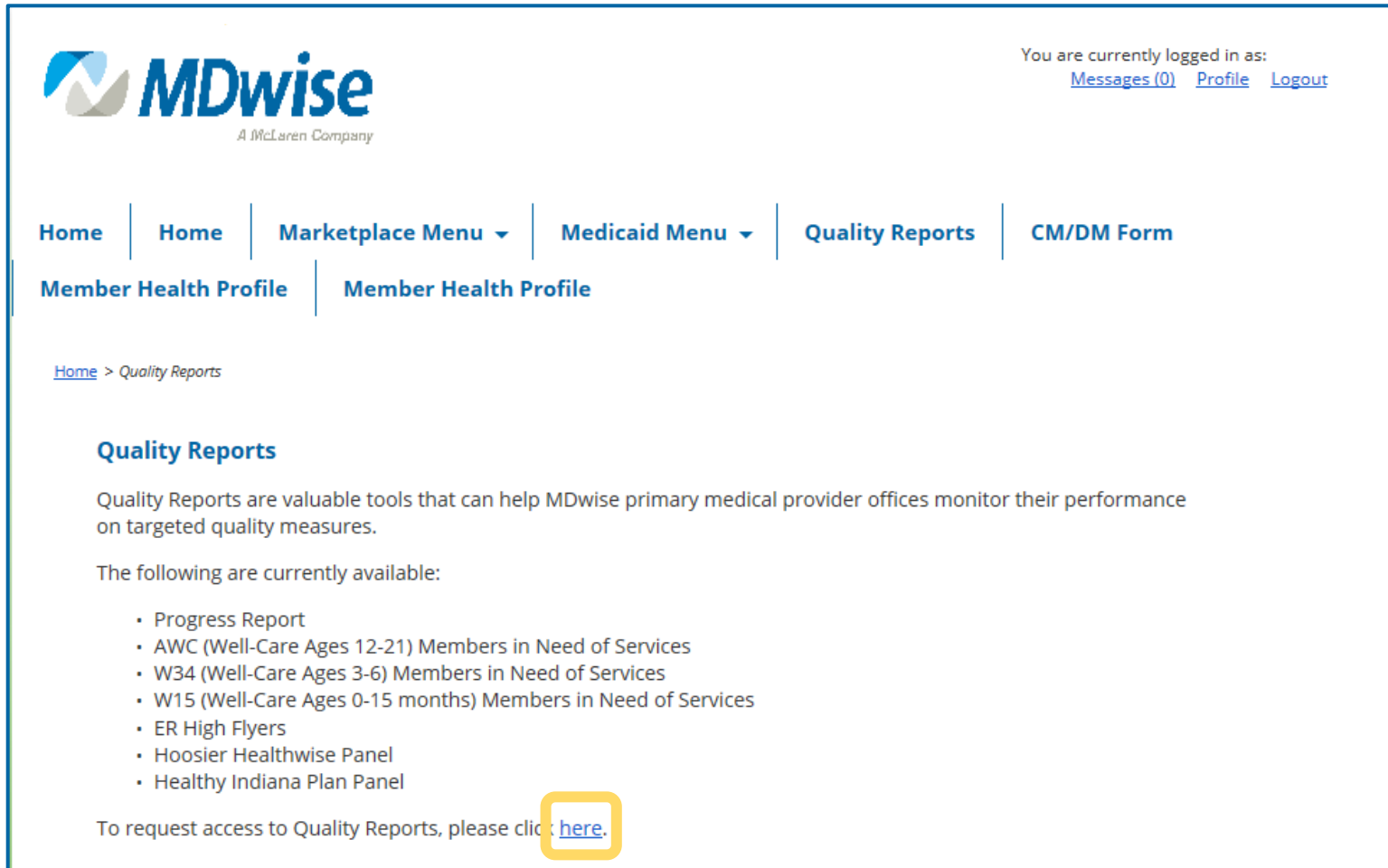
Unable to View Patient Information?

If you are not yet able to view Eligibility and Claims information, then your account has not been approved. This typically takes up to 3 business days. If you need immediate access please contact Provider Relations at 317-822-7300 ext 5800.

Quality Physician P4V & HEDIS

Requesting Access to Quality Reports

- Access granted within 2-3 business days



The screenshot displays the MDwise website interface. At the top left is the MDwise logo with the tagline "A McLaren Company". At the top right, it says "You are currently logged in as:" followed by links for "Messages (0)", "Profile", and "Logout". A navigation bar contains links for "Home", "Home", "Marketplace Menu", "Medicaid Menu", "Quality Reports", and "CM/DM Form". Below this, there are two "Member Health Profile" links. A breadcrumb trail shows "Home > Quality Reports". The main heading is "Quality Reports". The text explains that these reports help primary medical provider offices monitor performance on targeted quality measures. A list of currently available reports includes: Progress Report, AWC (Well-Care Ages 12-21) Members in Need of Services, W34 (Well-Care Ages 3-6) Members in Need of Services, W15 (Well-Care Ages 0-15 months) Members in Need of Services, ER High Flyers, Hoosier Healthwise Panel, and Healthy Indiana Plan Panel. At the bottom, it states "To request access to Quality Reports, please click [here](#)." The word "here" is highlighted with a yellow box.

MDwise
A McLaren Company

You are currently logged in as:
[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) | [Home](#) | [Marketplace Menu](#) ▾ | [Medicaid Menu](#) ▾ | [Quality Reports](#) | [CM/DM Form](#)

[Member Health Profile](#) | [Member Health Profile](#)

[Home](#) > [Quality Reports](#)

Quality Reports

Quality Reports are valuable tools that can help MDwise primary medical provider offices monitor their performance on targeted quality measures.

The following are currently available:

- Progress Report
- AWC (Well-Care Ages 12-21) Members in Need of Services
- W34 (Well-Care Ages 3-6) Members in Need of Services
- W15 (Well-Care Ages 0-15 months) Members in Need of Services
- ER High Flyers
- Hoosier Healthwise Panel
- Healthy Indiana Plan Panel

To request access to Quality Reports, please click [here](#).

MDwise Physician Pay for Value (P4V) Program - HIP

2020 Measures	Specifications	2021 Goal	Pediatrician Award per Member	Family Practitioner Award per Member	Internist Award per Member	OB/GYN Award per Member
Postpartum	PPC	Achieve 75th %tile for percentage of deliveries that received postpartum care on or between 7 and 84 days after delivery	\$1.00	\$1.00	\$1.00	\$1.00
Timeliness of Prenatal Care	PPC	Achieve 75th %tile for Percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment	\$1.00	\$1.00	\$1.00	\$1.00
Breast Cancer Screening	BCS	Achieve 50th %tile for percentage of members 50–74 years of age who had at least one mammogram to screen for breast cancer	\$0.50	\$0.50	\$0.50	\$0.50
Comprehensive Diabetes Care (CDC)	CDC	Achieve 25th %tile for percentage of members who receive HbA1c test, with HbA1c control <8.0%	\$0.50	\$0.50	\$0.50	\$0.50
Follow-up after hospitalization for mental health condition	FUH	Achieve 50th%ile for percentage of members who are six years of age and older who were hospitalized for treatment of selected mental ill-ness diagnoses and received an appropriate follow-up visit within seven days of discharge.	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00

MDwise Physician Pay for Value (P4V) Program - HHW

2020 Measures	Specifications	2021 Goal	Pediatrician Award per Member	Family Practitioner Award per Member	Internist Award per Member	OB/GYN Award per Member
Well Child	WCV	Achieve 75th %tile for children ages 3-11 who had a well child visit	\$1.00	\$1.00	\$1.00	NA
Timeliness of Prenatal Care	PPC	Achieve 75th %tile for percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment	\$1.00	\$1.00	\$1.00	\$1.00
Lead Screening	LCS	Achieve 25th %tile for percentage of members under 2 years of age who received a lead screening	\$0.50	\$0.50	\$0.50	NA
Combo 10 CIS	CIS	Achieve 25th %tile for percentage of members who Childhood Immunization Status Combo 10	\$0.75	\$0.75	\$0.75	\$0.75
Follow-up after hospitalization for mental health condition	FUH	Achieve 50th%ile for percentage of members who are six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and received an appropriate follow-up visit within seven days of discharge	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00	Behavioral Health Providers only: \$1.00



BEHAVIORAL HEALTH REMINDERS

Behavioral Health Reminders

Behavioral Health Mid-Level Provider Types

- MDwise reimburses behavioral health services provided by mid-level practitioners when services are supervised by a physician or a Health Service Provider in Psychology (HSPP).
- A mid-level practitioner is defined as a:
 - Licensed psychologist.
 - Licensed independent practice school psychologist.
 - Licensed clinical social worker.
 - Licensed marital and family therapist.
 - Licensed mental health counselor.
 - Person holding a master's degree in social work, marital and family therapy, or mental health counseling when billing under supervising physician's NPI.
 - Licensed Clinical Addictions Counselor (LCAC).
 - Intern in the Community Mental Health Center (CMHC) setting.

Behavioral Health Reminders

Intensive Outpatient Program (IOP) Guidelines

- Requires Prior Authorization
- Behavioral health services
 - Professional Billing – S9480
 - Facility Billing – 905
- Alcohol and/or drug services
 - Professional Billing – H0015
 - Facility Billing – 906
- One unit is equal to 3 hours
- Only one unit reimbursable per day
- Minimum requirements of meeting at least 3 consecutive hours per day, at least 3 days per week.
- For alcohol and/or drug services, an LAC (licensed addiction counselor) or an LCAC (licensed clinical addiction counselor) must be one of the direct service providers.

Behavioral Health Reminders

Utilizing the MDwise Behavioral Health Website Page

- Select “Behavioral Health” from the *For Providers* dropdown menu at mdwise.org.
 - Contract and provider enrollment forms
 - ABA and OTP provider program guides
 - HEDIS Behavioral Health Quality and measures, including Pay for Outcome (P4O) information
 - Behavioral Health provider resources
 - Behavioral Health clinical practice guidelines





Community Outreach Updates

Provider Healthcare Connection

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Community Outreach Initiatives


- Virtual Health Benefits Connections & WELLNESSchats
 - Overview of MDwise benefits
 - Questions about benefits & COVID-19
- Everyone Needs Check-ups events with health centers and providers
 - Immunization focus due to low rates in 2020
- Virtual community-based organization coalition meetings.
- School-based health center outreach.
- Food banks, food pantries and food drive outreach.
- Distributing educational materials, MDwise program brochures, bags and COVID-19 vaccine stickers to all key partners.







Your Local MDwise Resources

Contacts for Provider Reps

MDwise Excel Network Provider Relations Territory Map

-  **Region 1**
Paulette Means
pmeans@mdwise.org
317-822-7226
 -  **Region 2**
Danielle Nesbit
dnesbit@mdwise.org
317-793-0872
 -  **Region 3**
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317-983-7819
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- Michelle Phillips
mphillips@mdwise.org
317-983-7819
(Home Health & Hospice)



-  **Region 5**
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 -  **Region 6**
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 -  **Region 7**
Rebecca Church
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317-308-7371
 -  **Region 8**
Chris Bryant
cbryant@mdwise.org
317-517-4776
- Lauren de Blecourt, RN
ldeblecourt@mdwise.org
317-407-5910
(Behavioral Health –
CMHCs, OTPs, IMD, SUD)

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Your Community Engagement Team

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Lawrence, Warren, Franklin
and Perry



To Our Healthcare Providers